Nova Scotia Provincial Health Council

Annual Report

FOR THE FISCAL YEAR ENDING MARCH 31, 2002

Provincial
Health Council

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FOR THE FISCAL YEAR ENDING MARCH 31, 2002

Prepared by

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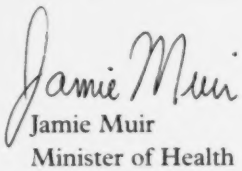
To Her Honour
The Honourable Myra A. Freeman
Lieutenant Governor of Nova Scotia

Madam:

I have the honour to submit the annual report of the Provincial Health Council for the year ending March 31, 2002.

Respectfully submitted,



Jamie Muir
Minister of Health

The Honourable Jamie Muir
Minister of Health
Province of Nova Scotia

Sir:

On behalf of the Provincial Health Council, I have the honour to present you with the sixth annual report of the Provincial Health Council.

This report is for the period of April 1, 2001, to March 31, 2002, and is submitted as required in Section 13(1) of the Health Council Act, 1990.

Respectfully submitted,

Vivian F. Farrell
Chairperson

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Message from the Chair

Dear Reader:

Much of the beginning of our past year was spent in considerable introspection. It was time after almost four years to refocus, reevaluate, and set the course for the next three years. To this end, we deliberated again on how best to carry out our responsibilities as outlined in the Health Council Act. The changing landscape of health in Nova Scotia was viewed anew. Where could we see ourselves fitting in this scene and where could we be of most benefit to Nova Scotians? From what vantage point could we be of most service in giving a balanced and informed view of the health care system to the Governor in Council?

It became obvious to us that working within the framework of the determinants of health was the perspective the council needed to adopt. Working from this broad view, we feel, fits well with the activities we must undertake in carrying out our mandate.

The council has progressed well since then in fulfilling our goals. Committees have been set up to develop indicators for several of the determinants. The coming year will be quite busy as we endeavour to arrive at indicators for all determinants. (The development of a report card being our ultimate aim.)

Throughout all of our activities, the council could not have progressed in any of these endeavours without the help of people from all walks of life who give generously of their time and expertise. Their help has been absolutely vital and will continue to be so as we progress toward finishing the task we have set for ourselves.

One of the major concerns of the council is in the area of communication. We are presently engaged in developing a communications plan, which will carry us into the next several years and help us accomplish a very vital part of the council's work: listening and responding to Nova Scotians and providing them with information and opportunities to participate in health matters.

We look forward to improved communication with all our stakeholders and the public at large in the coming year.

Sincerely,

Vivian Farrell

Vivian Farrell
Chairperson

103-02631/

Message from the Executive Director

Dear Reader:

We are pleased to present this, the sixth Annual Report of the Nova Scotia Provincial Health Council.

The council revisited its legislated mandate during its strategic planning process this year. The council's main duty is to advise the government in the development of comprehensive health policy. We have decided that this includes the development of healthy public policy. The council has thus directed its efforts toward study and development of an accountability framework and will offer its advice in relation to healthy public policy surrounding the various determinants of health.

This approach will take the council outside the traditional structures for the delivery of health services and allow the council to look at the broad field of health status and the impact of various other policies and issues on the health of Nova Scotians. We will thus be looking at issues such as gender, income and social status, education, child development, and social support networks and their effect on Nova Scotians. A complete list of the determinants and our proposed plan of action can be seen within the body of our report.

It is our hope that our activites over the next several years will enable us to develop a report card for you that will help you look at the health status of Nova Scotians. You will be able to see some of the factors that are affecting your health and make healthy life style choices to enable the vision of Nova Scotians: HEALTHY NOVA SCOTIANS LIVING IN HEALTHY COMMUNITIES.

Sincerely,

John R. Dow

John R. Dow
Executive Director

About the Provincial Health Council

Role and Mandate

The Provincial Health Council listens and responds to Nova Scotians.

We support the public's participation in health matters by providing them with information and opportunities.

We guide and monitor government decision making on all aspects of healthy public policy.

We promote the use of Nova Scotia's Health Goals as an essential tool to achieve health and well-being for Nova Scotians and their communities.

Structure

Appointed Council Members: The council comprises 12 volunteers from across the province who are appointed by the government. These volunteers serve as individuals representing Nova Scotians and do not represent any professional, organisational, political, or special interest group. There is no honorarium for service on the council.

Ex Officio Council Members: The council also has three ex officio members—the Deputy Minister of Health, the Associate Deputy Minister of Health, and the Executive Director of the council.

To date, 18 people, 12 women and 6 men, have been appointed to the council. Seven members were from the Halifax Regional Municipality, 3 from the Annapolis Valley, 2 from the South Shore, 3 from Cape Breton, and 3 from northern Nova Scotia. Ten members have been employed in health-related fields.

September 2001 saw the expiration of terms for Barbara Hart, Merle MacDonald, Sharon Rudderham, and John Hussey. October 2001 ended with the resignation of Beverley Coulson from the council as she accompanied her family to Kingston, Ontario. Both Merle MacDonald and Barbara Hart continued to serve on the council until replacements were named.

March 2002 saw the appointment of Casey Mooy to fill the remainder of Beverley Coulson's term, ending September 2002, and the appointments of Walter Proctor of Antigonish, Quenta Tynes of Halifax, and Brenda Sabo of Dartmouth.

From April 2001 to March 2002 the council met in Halifax at least once a month. Appendix C lists the council meetings.

Committees: The council can strike various committees to assist it in its work. During the year ending 31 March 2002, the council work can be broken down into two phases. Until September 2001, the council maintained the committee structure of 2000–01 with committees for communications, education, evaluation, health services, mental health services, and information technology. Following the strategic planning process over the summer, the council decided to create a committee structure to deal with the determinants of health and the health goals as working groups, to continue a communications committee, and to create a nominating committee.

Staff: The year ending 31 March 2001 saw several staff changes. Louann Scallion Morine transferred to the Nova Scotia Sport and Recreation Commission at the end of June. On a temporary basis, Melodee Dillabough fulfilled her duties until the appointment of a replacement in October in the person of Darcene T. Tannis. The end of June also saw the departure of Dr. Deborah Kiceniuk from the position of researcher as she left for a research position with Dalhousie University. Gordon W. Walsh was hired in January 2002 to the position of researcher. The fall of 2001 also brought Victor Maddalena to the council staff as a temporary researcher to support several of the initiatives under way.

Budget

The council had an operating budget of $360,200 for 2001–02. See Appendix A for a financial statement.

Appointment Process

The Province of Nova Scotia instituted a new appointment process for all government agencies, boards, and commissions in 1999. This process is used to fill Provincial Health Council vacancies as they occur. The process is outlined below.

Step 1 **Public call for nominations**

An advertisement listing all the openings on agencies, boards, and commissions for the next six months appears in the provincial newspapers in April and October of each year. As one-third of the Provincial Health Council terms expire the 30th of September each year, the main advertisement for members will appear in April of each year.

Step 2 **Applications are accepted by the Executive Council Office**

Each advertisement lists a closing date for the application process. Applications must be sent to the

Executive Council Office
One Government Place, 6th Floor
1700 Granville Street
PO Box 2125
Halifax, NS B3J 3B7

Step 3 **Applications are forwarded to an external screening panel**

Each government department has an external screening panel to review applications for all agencies, boards, and commissions that are attached to that government department. This screening panel reviews all applications to determine which candidates are qualified to sit on the agency, board, or commission for which they have applied.

Step 4 **Applications from qualified candidates are forwarded to the office of the Minister**

Biographies — Current members

TERM EXPIRING 28 SEPTEMBER 2002

Tom Bird, Vice-Chair

A former mayor of Bridgewater, Tom's career includes 29 years as school administrator in Kings County and Lunenburg County, Nova Scotia, and Schefferville, Quebec. He served as president for the Nova Scotia Administrators' Association; Phi Delta Kappa, Acadia University Chapter; and Queens-Lunenburg School Administrators. Tom served as chairman for the Bridgewater Board of Health, Police Commission, and Lunenburg County Planning Commission.

Leona Brown

Leona was Chief Technologist and Manager of the EKG Department and Second Phase of the School of Medical Technology at Yarmouth Hospital. She is a volunteer coordinator with the Western Regional Health Board and is a member of the Yarmouth County Community Health Board, the Heart Health Partnership Project, the Senior Citizens Secretariat, the Volunteer Steering Committee, and the Nova Scotia Women's Institute.

Vivian Farrell, Chair

A former junior/senior high teacher, Vivian has also been a member and President of the Childrens' Aid Society of Pictou County and a member of the former Nova Scotia Residential Centre Advisory Board in Truro. She served as chair of the Pictou District School Board and as vice-chair of the Chignecto-Central Regional School Board. Vivian also completed a three-year term as a lay member of the Nova Scotia Barrister's Society.

Casey Mooy

Casey was owner and president of Casey Mooy & Associates Limited, a consulting company that specialised in the field of financial planning, insurance, and employee benefits, which operated in the Annapolis Valley for over 30 years. He also sat as an elected councillor on Kings County Council for nine years and was a member or chair of many boards in the Valley area, including the Kings County School Board, Grand View Manor, Kings Regional Rehabilitation Centre, Nova Scotia Rehabilitation Centre, and the Kings Transit Authority. He is presently semi-retired and still involved in the financial planning field.

TERM EXPIRING 28 SEPTEMBER 2003

Dr. Mahmood Naqvi

Dr. Naqvi has 30 years experience in health care, which includes surgical practice and hospital administration. He was founder and co-chair of the Cape Breton Regional Hospital Foundation, which led to the establishment of the Cape Breton Regional Hospital. Upon his retirement, Dr. Naqvi became Medical Director of the Cape Breton Healthcare Complex. He has an array of professional and individual credentials, licences, and awards and has been honoured by the Medical Society of Nova Scotia and the Government of Nova Scotia.

Catherine Randall

Catherine has many years' experience in health care, beginning with Queen Mary's Veterans Hospital in Montreal, Quebec, and later working for Victoria General Hospital in Halifax and Queen's General Hospital in Liverpool, as well as the Women's Clinic, and Keddy's Nursing Manor and St. Vincent's Guest Home in Halifax. Catherine served on the Task Force of Nursing, the Minister's Action Committee on Health System Reform (Blueprint Committee), and the Minister's Task Force on Regionalized Health Care in Nova Scotia. She served as President for the Nova Scotia Certified Nursing Assistant Association and was Nova Scotia Director for the Canadian Association of Practical Nurses/Nursing Assistants.

Mildred Noiles

Mildred has several years' experience as a nurse, beginning with Douglas Hospital in Verdun, PQ, Sunset Adult Residential Centre in Pugwash, and Highland View Regional Hospital in Amherst. Mildred has a vast experience working with health organizations, including the Cumberland County Victim Support Program, the Northern Regional Community Health Board, and the Nova Scotia Task Force on Nursing. She has received extensive education in health matters such as suicide intervention; drug and alcohol abuse; abuse of the elderly; and caring, treatment, and management of persons with AIDS.

Harry Churchill

Harry is retired after spending over 30 years in health administration. His last position was the Executive Director of the Cancer Treatment and Research Foundation of Nova Scotia. During his career, he served as Nova Scotia Director on the Board of the Canadian College of Health Service Executives and as chair of the Nova Scotia Chapter. Harry was a member of the Nova Scotia Home Care Advisory Council and served on the planning committee for "The Lodge that Gives," operated by the Canadian Cancer Society, Nova Scotia Division.

Harry served as vice-president and treasurer of the Nova Scotia Division of the Kidney Foundation of Canada. He is a volunteer at the IWK Hospital and is a recipient of the Queen's Silver Jubilee Medal.

TERM EXPIRING 28 SEPTEMBER 2004

Walter Proctor

Walter is a retired junior/senior school teacher and administrator. He is current chair of the Antigonish Literacy Association. He is a board member of the Antigonish Resource Centre and of the Mission Assurance Advisory Council of St. Martha's Hospital.

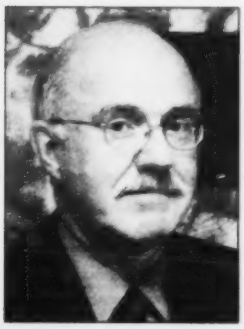
Brenda Sabo

Brenda has been involved in health care for approximately 20 years. Not one to remain in the same field, her experience has ranged from the Hematology Lab to nursing in both the acute care and community health settings. Since 1994 she has been involved in research (chronic illness), more recently cancer research. She is the Principal Investigator for a project to "Develop an Effective Continuing Medical Education Model for Nova Scotia Surgeons." Her present position is Coordinator for Surgical Oncology, Cancer Care Nova Scotia. Additionally she holds two appointments at Dalhousie University as Lecturer in the Division of Surgery, Faculty of Medicine and School of Health Sciences, Faculty of Health Professions. She teaches a first year theory-based course in the School of Health Sciences. Brenda has published on chronic illness. Brenda has been involved as a swim official with competitive swimming for 14 years.

Quenta Tynes

Quenta has several years' experience in delivering career planning and transition servicing and currently serves as Coordinator of Graduate Student Career Services at Dalhousie University. Quenta has served for five years on the Board of Directors for the Ward 5 Neighbourhood Centre in Halifax; two of those in the capacity of Chair. She is currently spearheading an outcomes measurement tool for the Healthy Children, Families and Seniors programs at Ward 5. Quenta was also a long-serving volunteer with the Community YMCA, Basketball Nova Scotia, and the North End Community Health Association.

Biographies — Ex-officio members



Dr. Thomas Ward, Deputy Minister of Health

Dr. Ward joined the Department of Paediatrics at the University of Saskatchewan before moving to the University of Alberta, where he practised neonatology and paediactric intensive care. He served as Vice President of Medicine with St. Paul's Hospital in Vancouver, and he was the Acting President and CEO of St. Paul's Hospital and Vancouver Catholic Health Care Group.

Cheryl Doiron, Associate Deputy Minister of Health

A senior health executive with extensive experience in operations and planning, Cheryl is a New Brunswicker who for the last two years was the regional chief operating officer for Surrey Health Services in British Columbia. Cheryl was responsible for the management of a 600-bed acute care hospital, home care nursing, community mental health clinics, and public health.

As vice president of operations and planning and business development for the Atlantic Health Sciences Corporation in New Brunswick from 1993 to 1998, Cheryl was key to the province's successful move to an integrated health care system. Her responsibilities also included managing 12 hospital and health centre sites with 4,000 employees.

The role of associate deputy was introduced in January 2000. Cheryl is responsible for program delivery including the Health Services, Community Care, Insured Services, and EHS Branch.

Biographies — Staff

John Dow, Executive Director

John was appointed to the Provincial Health Council by Order-in-Council in May 1999. John began his career at Western Kings Memorial Hospital in Berwick as Supervisor. He later worked as Inservice Co-ordinator, Infection Control Officer, Administrator, Transition Co-ordinator, and Building Manager. John co-authored economics course material for an introductory health economics course at Dalhousie University and is a part-time lecturer in Dalhousie's School of Health Services Administration.

Darcene T. Tannis

Darcene began serving as the Provincial Health Council's Secretary in October 2001. Following her graduation from a Legal Secretarial Program, she was employed with Acadia University's School of Education, followed by four years serving with the Nova Scotia Community College's Central Office. She then left the field of education to gain experience in the field of new technology, serving as Executive Assistant to the President of a global dot-com company. Darcene's first experience in the field of health was initially derived from her earlier experience as an Animal Health Technologist, in addition to completion of a course in Animal Science and Phlebotomy. Her desire to contribute to positive changes in the health care field brought her to the position of serving with the Provincial Health Council.

Gordon W. Walsh

Gordon has been serving as the Research and Statistical Officer with the Provincial Health Council since January 2002. Prior to joining the council, Mr. Walsh held various research and statistical positions in both the private and public sectors. His research areas of interest include alcohol and drug use and abuse, gambling, and child hunger. Currently, Mr. Walsh is midway through the completion of a MSc in Community Health and Epidemiology at Dalhousie University.

Louann Scallion Morine

Louann became the Secretary/Office Manager of the Provincial Health Council in August 1999. After completing Bachelor of Arts and Bachelor of Journalism degrees, Louann joined IMP Aerospace International in Halifax as a technical editor. She later worked for Valley Regional Hospital in Kentville and at the Nova Scotia Youth Centre in Waterville. She has volunteered with The Red Door adolescent centre in Kentville, Big Brothers/Big Sisters, and the Dartmouth SPCA. Louann left the council staff in June 2001 to join the staff of Sport and Recreation Nova Scotia.

Dr. Deborah Kiceniuk

Dr. Kiceniuk joined the council staff as a researcher in May 2000. She recently received a PhD in Educational Foundations from Dalhousie University, Halifax, and also holds a Bachelor of Arts degree from Memorial University in Newfoundland and a Master of Medical Education degree from the University of Dundee, Scotland. Deborah has worked in the health care field since 1977, beginning as a nursing assistant in a Newfoundland hospital. Since 1988, she has worked in the academic environment, starting as a research assistant at the Department of Community Health and Epidemiology at Memorial University Medical School, and held a full-time position with the medical school as a research assistant in medical education. Dr. Kiceniuk has published and presented academic papers on women in medicine, research methods in social sciences, and needs assessment in physician education at national and international conferences. Dr. Kiceniuk also enjoys sports, fitness, and gardening. She recently completed the National Coaching Certificate Program Level I in figure skating and has coached on a part-time basis for a number of skating clubs in the Halifax area. Dr. Kiceniuk left the council staff in June 2001 to accept a research position at Dalhousie University.

Biographies — Members whose terms expired during the year

Barbara Hart

Barbara began her career as a nurse with the Grace Maternity Hospital and as a home nursing instructor with Saint John Ambulance Adult Education before becoming Executive Director of Planned Parenthood for the Metro area. Barbara was later elected to Dartmouth City Council, where she served as Deputy Mayor. Barbara was President of the Union of Nova Scotia Municipalities and served on all of the Committees of Council, Metro Authority, and Metro Transit. She went on to become Executive Director of the YMCA-YWCA of Dartmouth and eventually served as Executive Director of the Brain Injury Association of Nova Scotia. Barbara has volunteered extensively with organizations such as the Community Advocates Network, the Central Regional Health Board, the Advisory Council for the Status of Women, Veith House, the Halifax Children's Foundation, and the Kidney Foundation of Canada.

Sharon (Paul) Rudderham

Sharon is a Mi'kmaw from the First Nation community of Membertou, located in Sydney. She is currently a Mi'kmaw Health Advisor and Director with the Union of Nova Scotia Indians and provides advice on policy and health matters to Nova Scotia Mi'kmaw leadership and communities. Sharon is also the Co-Chair of Healing Our Nation—The Atlantic First Nations AIDS Network. She co-authored the *Nova Scotia Mi'kmaw Health Survey, 1997 Final Report and Preliminary Findings*. She also serves on several community, provincial, and regional health boards and nationally with the Assembly of First Nations—Health Secretariat. Sharon has worked as an office/finance manager with *Micmac News* and as a pharmacy technician. Sharon has accepted a position with the Band Council at Eskasoni.

Beverley Coulson

Beverley is a registered nurse and holds a Master of Science in Nursing degree. She has worked in Ontario in nursing education and administration of acute care and chronic care institutions. She later worked in public and mental health in Newfoundland and Labrador. Beverley has served on the Board of the Council on Positive Aging and the Community Teaching Unit Committee: Northern Educational Centre for Aging and Health in Ontario. She is a member of the Honour Society of the Dalhousie University School of Nursing, Canadian Pensioners Concerned Nova Scotia, the Canadian Mental Health Association, Nova Scotia Division, and the Canadian Association of Nurses in Oncology. She is co-chair of the Eastern Shore–Musquodoboit Community Health Board and a member of the Council of Chairs, Capitol District Health Authority.

John Hussey

John was employed as a manager of a marketing research project under the direction of the Cape Breton County Economic Development Authority and was project manager of a business mentoring program with the Cape Breton Industrial Board of Trade. John's career also includes 10 years with long-term care and 10 years as a member of the Cape Breton Hospital's contract negotiating team. He began working for Harbourview Hospital in Sydney Mines as an accountant, before becoming Senior Accountant, and Senior Director of Financial Services with Glace Bay General Hospital. He later worked as an Income/Excise Tax Auditor for Revenue Canada. John served as President of the Glace Bay Rotary Club, and he mentors students of health care and long-term care administration courses offered by the Canadian Hospital Association. John was a member of the Town of Glace Bay Commissioner Planning and Developing Committee and acted as Treasurer for Parish Council. He has experience with several hospital committees, including the Social Committee, Hospital-Wide Accreditation Committee, Utilization Committee, and the Long-Term Care Planning Committee. John accepted a position in Iqaluit.

Merle MacDonald

Merle's extensive career in public school education includes curriculum consultant for the Nova Scotia Department of Education and Culture and many years as elementary and secondary teacher, especially in the area of Home Economics/Family Studies. Merle implemented the compulsory Career and Life Management (CALM) course, in collaboration with many organizations, including the Department of Public Health, Drug Dependency, Round Table on Youth Sexual Health, Planned Parenthood, NS School Smoking Prevention Coalition, and Human Resources Development Canada Outreach. Merle is a part-time faculty member at Acadia University and Mount Saint Vincent University. She is President of the Nova Scotia Home Economics Association, Provincial Director of the Canadian Home Economics Association, member of the Heart Health Partnership, Eastern Kings Heart Health, and an active member of the Kingsport Community Association. Merle and her husband Richard Foot live in Kingsport, Kings County.

Provincial Health Council Activities

Strategic Plan 2001

Legislated Mandate

Duties of Council

5 The duties of the Council are to advise the Governor in Council, through the Minister, in the development of a comprehensive health policy, comprising health goals and objectives and in setting the overall direction of the health care system in the Province. 1990, c. 13, s. 5.

Manner of performing duties

6 In carrying out its duties, the Council shall

(a) invite community organizations, health care providers, consumers and individual members of the general public to provide advice on health issues under review by the Council through methods including public symposia, hearings and distribution of briefs and discussion papers;

(b) provide to the Governor in Council a balanced and informed view of the health care system;

(c) review particular issues referred to the Council by the Governor in Council, through the Minister, and advise the Governor in Council on those issues;

(d) increase public awareness and knowledge of health issues, including population health status, the cost of the health care system and personal responsibility to improve health;

(e) enhance the awareness of Government of emerging health issues from the public viewpoint. 1990, c. 13, s. 6.

Vision

Nova Scotians will be healthy and live in healthy communities as a result of a system that addresses the determinants of health and is accessible, portable, comprehensive, universal, publicly administered, accountable, transparent, and affordable.

"HEALTHY NOVA SCOTIANS LIVING IN HEALTHY COMMUNITIES"

Mission

The Provincial Health Council

- listens and responds to Nova Scotians
- supports the public's participation in health matters by providing them with information and opportunities
- guides and monitors government decision making on all aspects of healthy public policy
- promotes the use of Nova Scotia's health goals as an essential tool to achieve health and well-being for Nova Scotians and their communities

Core Functions

The Provincial Health Council accepts the following as core functions for both the activities of the council as a whole and the activities of its various committees:

1. increasing public awareness
2. inviting advice from the public
3. reviewing and researching issues
4. providing advice to the government

Determinants of Health

Most planners of health policy and health care providers acknowledge that health is not merely the absence of disease. Health status is based on many factors, which include social, physical, and environmental elements. The following list contains a number of determinants of health, as acknowledged by the Provincial Health Council, which may adversely affect health.

1. Income and Social Status
2. Social Support Networks
3. Education
4. Employment and Working Conditions
5. Physical Environment
6. Social Environment
7. Biology and Genetic Endowment
8. Personal Health Practices and Coping Skills
9. Healthy Child Development
10. Health Services Available
11. Gender
12. Culture

The Determinants of Health as a Framework for Proceeding

The Health Council Act (1990) outlines the duties of the Provincial Health Council as follows:

> to advise the Governor in Council, through the Minister, in the development of a comprehensive health policy, comprising health goals and objectives and in setting the overall direction of the health care system in the Province.

A comprehensive health policy would provide a structure for the government to use to keep the health of Nova Scotians firmly placed in the forefront during any governmental decision making. The foundation of a comprehensive health policy would be healthy public policy.

Creation of healthy public policy is a strategy aimed at improving the health of the public. Population health describes an approach to improving health that focuses on the health of communities or populations rather than individuals. It examines the factors that enhance the health and well-being of the entire population.

Using the World Health Organization's definition, we view health as a resource for daily living. The population health approach focuses on positively influencing conditions that allow and enable people to make healthy choices and on services that promote and maintain health.

During the public consultations of January and February 2000, Nova Scotians told us that they knew how to be healthy; we needed to give them the tools and support and allow them to make the right choices. Nova Scotians also indicated an acute awareness of the factors that influence the health status of a population, and especially Nova Scotia's population.

These forces are well researched and appear in the literature as the Determinants of Health. The determinants address broad categories of forces that affect the health of a population and

as such are an appropriate framework to use when thinking about population health and healthy public policy. The Provincial Health Council is therefore accepting the determinants of health as a reasonable framework to use for proceeding with its plans for the next three years.

For purposes of discussion and formulation of advice to the Governor in Council, the Provincial Health Council accepts the following as determinants of health: income and social status; education; healthy child development; the physical environment; the provision of health services; social support networks; personal health practices and coping skills; employment and working conditions; social environments; culture; gender; and biology and genetic endowment.

It is the considered opinion of the Provincial Health Council that this framework is flexible enough and broad enough to encompass almost any specific issue raised by the public, the government, or the council members themselves. It will also aid the council to focus on the ultimate aim of any of the council's activities—the creation of advice to the Governor in Council regarding comprehensive health policy.

The Health Council Act lists activities the council may carry out in order to fulfill its duties. These activities are as follows:

(a) invite community organizations, health care providers, consumers and individual members of the general public to provide advice on health issues under review by the Council through methods including public symposia, hearings and distribution of briefs and discussion papers;

(b) provide to the Governor in Council a balanced and informed view of the health care system;

(c) review particular issues referred to the Council by the Governor in Council, through the Minister, and advise the Governor in Council on those issues;

(d) increase public awareness and knowledge of health issues, including population health status, the cost of the health care system and personal responsibility to improve health;

(e) enhance the awareness of Government of emerging health issues from the public viewpoint.

Again, the council considers that using the determinants of health as a working framework is compatible with the activities outlined above and will provide a population-based focus for discussion and advice.

At the September meeting of the council, the following work plan was adopted for the next two years' activities. Time lines are approximate at this stage; fine tuning will undoubtedly occur as the plan progresses.

The end result of all activities should be the development of recommendations to the Cabinet around Comprehensive Health Policy/Healthy Public Policy.

PHC Meeting	Topic 1	Topic 2	Other Issues
13 Sep 2001	Finalise plans for 2001–02		milk prices report thru Premier
11 Oct 2001	**Physical Environment** – Tar Ponds – other industrial sites	**Education/ Healthy Child Development** Current Education Initiatives – school lunches – class content	UNSM – smoking, etc. PHC chair elect
01 Nov 2001			GAINS report – Chebucto Community Net – rural diversity workshop – Healthy Kids workshop
06 Dec 2001			– Chebucto Community Net – healthy kids workshop and workbook – population health network – Smoke Free Nova Scotia
10 Jan 2002	Human Resources – guest speakers	Volunteers	– Healthy Communities Awards
07 Feb 2002	**Physical Environment** – harbour cleanup – water supply – sewage disposal – clean air	**Education / HCD**	– smoking legislation – nurse practitioners
07 Mar 2002			– Romanow
04 Apr 2002			– midwifery – nurse practitioners – smoking legislation

02 May 2002	Phase 11 – Clinical Services Report		
06 Jun 2002 04 Jul 2002 01 Aug 2002	**Income and Social Status**	**Health Services**	
05 Sep 2002	CHBs/DHAs/Community Development		
03 Oct 2002 07 Nov 2002 05 Dec 2002 09 Jan 2003	**Social Support Networks**	**Personal Health Practices and Coping Skills**	
06 Feb 2003 06 Mar 2003 03 Apr 2003	**Employment and Working Conditions**	**Social Environment** – mental health	
01 May 2003			
05 Jun 2003 03 Jul 2003 07 Aug 2003	**Culture and Gender**	**Biology and Genetic Endowment**	

Nova Scotia's Health Goals

The Health Goals of Nova Scotia were established in 1992 and signed by the Premier of Nova Scotia, the Minister of Health, and the Chairperson of the Provincial Health Council. The goals are intended to provide direction for the Government of Nova Scotia to develop policies that effect the health of Nova Scotians. These goals were reaffirmed by the Premier, the Minister of Health, and the Chairperson of the Provincial Health Council in 1999. Briefly the Nova Scotia Health Goals include:

- **Health Promotion:** Promote and improve the health of Nova Scotians.
- **Healthy Environment:** Make Nova Scotia a safe and healthy place to live.
- **Healthy Living:** Support the efforts of individuals, families, and communities to lead healthy lives.
- **Management:** Ensure that the resources needed to support health are managed wisely and fairly.
- **Participation:** Involve Nova Scotians in decisions affecting health.
- **Social Justice:** Ensure that all Nova Scotians have the opportunity to achieve health.

Late in 2000, following discussions with the Department of Health, the Provincial Health Council (PHC) entered an agreement with the Nova Scotia Association of Health Organizations (NSAHO) to undertake the development of a report card to see how well Nova Scotia was meeting its health goals.

To carry out this task, the two organisations invited participants from a variety of settings to meet together to develop a reporting framework. Organisations invited to participate included

- the Province of Nova Scotia Departments of Health, Education, Justice, Community Services, Housing, Transportation and Public Works, the Environment, Economic Development
- Health Canada
- professional organisations — the Medical Society of Nova Scotia, The Registered Nurses Association of Nova Scotia
- universities — Dalhousie Medical School, Faculty of Health Professions, Mount Saint Vincent Maritime Centre on Aging
- research-based organisations — Atlantic Health Promotion Research Unit, The Population Health Research Unit, Dalhousie Medical Infomatics

The project was named Health Goals Accountability in Nova Scotia (Health GAINS). A framework for proceeding was developed and adopted by the large group. The prime purpose of the exercise is to prepare a report card on achieving Nova Scotia's Health Goals. The intended audience for this report card is the people of Nova Scotia.

The two sponsoring organisations created a steering committee to coordinate the work of the project. In order to make the job easier to manage, the group chose to focus initially on two of the health goals, with the others to follow in turn. The first two chosen were **Health Promotion** and **Management**. Small research groups were formed, one for each health goal.

The health promotion group comprised Brenda Montgomery (Chair), Marlene MacLellan (NS Centre on Aging), Malcolm Shookner (Population Health Research Unit), and Patricia Williams (Atlantic Health Promotion Research Unit), and research support was provided by the Provincial Health Council initially by Deborah Kiceniuk and later by Victor Maddalena.

The management group comprised John Malcom (Chair), Maura Davies (Capital District Health Authority), Greg Gammon (Department Community Services), Sarah Kramer (Department of Health), Helen Patriquin (NSAHO), David Persuad (Dalhousie University School of Health Services Administration), Kent Sperian (Department of Transportation and Public Works), and David Zitner (Dalhousie University Medical Infomatics), and research support was provided by the NSAHO, initially by David Kerr and later by Elizabeth Barker.

The two research groups were asked to recommend a minimum of eight existing indicators and two new indicators that would help to measure progress toward meeting the relevant health goal. Each group met throughout 2001 and submitted a final report to the Steering Committee at the end of December. The Steering Committee is now meeting to work out details around stakeholder consultation about the reliability, validity, value, and appropriateness of the recommended indicators, and plans are being discussed to continue on with the development of the indicators for the other four health goals.

Determinants of Health

Following the strategic planning decision to accept the determinants of health as a framework within which to operate, the council set up two committees. One committee, chaired by Vivian Farrell, is to develop a report around the determinant Education and the determinant Healthy Child Development. The second committee, chaired by Harry Churchill, is to develop indicators around the determinant of the Physical Environment.

Education/Healthy Child Development

Mandate

To present recommendations to the Provincial Health Council, which can be used to advise government in the development of a comprehensive health policy, on alternatives to be considered in the areas of

- educational programmes for children and youth
- choosing healthy lifestyles
- literacy programmes
- other programmes related to education
- breast feeding
- breakfast programmes
- lunch programmes
- head start programmes
- any other programmes related to either education or healthy child development

In the development of these recommendations, the committee must follow the core functions:

- increasing public awareness
- inviting advice
- issues review and research
- providing advice

The recommendations should also include a method to monitor and evaluate each of the alternatives presented.

Membership of the committee should consist of no more than 12 people, with at least two members from the council. The balance should include people interested in education and healthy child development in Nova Scotia.

Monthly reports are to be made to council on committee activities. Formal recommendations to the council should be submitted to council members prior to the meeting on which action is requested.

The committee comprises Vivian Farrell (Chair), Elizabeth Semple (North Shore CHB), Brenda Montgomery (Clementsport), Merle MacDonald (Kingsport), Philip Hochman

(Guysborough Municpality Recreation), Bob Quigley (Dartmouth Sportsplex), Mike Colbourne (Nova Scotia Provincial Library), Marg Forbes (Bridgewater educator), Suzanne Brown (Educator), Heather Christian (Department of Health, Public Health), Barb Hart, and John Dow (ex-officio), and research support has been provided by Deborah Kiceniuk, Naomi Mensink, and Gordon Walsh.

This committee has met a number of times looking at programmes presently offered across the province. Their focus has been on early childhood and youth. It is hoped that a report will be coming to the council for discussion early in May 2002.

Physical Environment

Mandate

To present recommendations to the Provincial Health Council, which can be used to advise government in the development of a comprehensive health policy, on alternatives to be considered in the areas of

- industrial sites
- harbour cleanups
- water supply
- sewage disposal
- clean air

In the development of these recommendations, the committee must follow the core functions:

- increasing public awareness
- inviting advice
- issues review and research
- providing advice

The recommendations should also include a method to monitor and evaluate each of the alternatives presented.

Membership of the committee should consist of no more than eight people, with at least two members from the council. The balance should include people interested in the physical environment in Nova Scotia.

Monthly reports are to be made to council on committee activities. Formal recommendations to the council should be submitted to council members prior to the meeting on which action is requested.

The committee comprises Harry Churchill (Chair), Tom Bird (PHC Bridgewater), Bob Langdon (Nova Scotia Department of Environment and Labour), Murray McGray (Nova Scotia Technology and Science Secretariat), Alan Ruffman (Geomarine Associates Ltd), Peggy Hope Simpson (Wolfville), Barb Hart, and John Dow (ex-officio), and research support is being provided by Victor Maddalena.

The committee held its first meeting 13 December 2001, adopted the mandate, and decided upon additional members needed for the committee. Five meetings were then held over the next three months, and by the end of March the committee had tentatively settled on the following indicators:

Air

- PM 2.5
- ground level ozone
- number of admissions for asthma (adult and children)
- smoking by-laws (municipal legislation)
- greenhouse gas emissions

Water

- municipal water testing
- boil water orders

Land

- waste management (waste landfill/recycled)
- land in protected areas

Other

- cancer rates in children
- ultraviolet index

In addition, it was decided that in the final report there should be a section that highlights areas that require further research and where data sources for important indicators do not currently exist. One area specifically identified was the category of "environmental illness." Currently there are no generally accepted indicators to indicate the prevalence or incidence of environmental illness. In this section of the final report the following subject areas will be addressed: environmental illness, children's environmental health, school health, food- security, food quality and, finally, the role of community health centres.

The committee expects to finish its work during April, with data sources identified for all indicators chosen. A final report is expected to be tabled for the council at its meeting the first week in May 2002.

Communication

The Communications Committee recommended to council that it needed to develop a communication plan for the council. Communications Nova Scotia was consulted. A request for proposals was issued to six local firms to help the council develop a communications plan for the fiscal years 2002 to 2004. The firm of MacArthur, Thompson and Law was chosen to aid the council in this endeavour, and a preliminary report is expected early in April 2002.

Population Health

In November 2001 the Provincial Health Council joined a group of organisations with an interest in the development of a population health approach in Nova Scotia. Over the course of the next two months the group planned and executed a workshop, held in Truro, 26 and 27 February 2002, entitled Healthy Nova Scotians Living in Healthy Communities: Working towards Population Health In Nova Scotia. The conference brought together over 200 people from 45 different organisations and agencies with an interest in the development of a population health framework in Nova Scotia. The workshop was kicked off by the Minister of Health outlining the government's commitment to establishing a population health framework and followed up by a representative from Health Canada providing us with the components of the framework and a working definition of population health. As a follow-up, the Provincial Health Council has agreed to participate in a steering group to help move the development of this framework forward.

Smoke-Free Strategy for Nova Scotia

The Provincial Health Council has been active in the smoke-free Nova Scotia movement since participation in a workshop in June 2000 at the Citadel in Halifax. The council has made presentations to the Annual General Meeting of the Union of Nova Scotia Municipalities in Sydney, October 2001, and the town councils of Berwick and Wolfville in November 2001.

In November 2001, the Provincial Health Council became a member of Smoke-Free Nova Scotia. Over the next several months the organisation worked toward development of a strategy to address the proposed smoking legislation to be introduced in the Legislature in the spring.

The Romanow Commission

In April 2001, Mr. Roy Romanow was appointed Commissioner of an inquiry into the future of Canada's publicly funded health system. The first phase of the Commission on the Future of Health Care in Canada focused on fact finding, resulting in the interim report *Shape the Future of Health Care: Interim Report,* released in February 2002. The second phase of the commission set off a dialogue with Canadians on the future of their health care system. These consultations will form the basis of Mr. Romanow's final report, which will include recommendations aimed at ensuring the long-term sustainability of Canada's universally accessible, publicly funded health system, while taking into consideration the jurisdictions and powers in Canada.

Along with concerned Canadians, interested stakeholders have also been invited to participate in the national consultation phase of the commission. A key component of the consultation phase consists of 18 days of open public hearings in Canada's major urban centres scheduled to run between January and May 2002. While special arrangements have been made to facilitate participation among rural Canadians, the commission has also provided two alternative channels for Canadians to express their views, including written submissions to the commission and a Consultations Workbook posted on the commission's Web site (www.healthcarecommission.ca). All inputs to the Commission are to become part of the public record.

Recognising the enormous importance of the commission's mandate, the Provincial Health Council submitted *Health for Nova Scotians: The Results of a Public Consultation Process* in October 2001. The report, based on submissions from and open public consultations with Nova Scotians, describes a health care system that is accessible, equitable, affordable, community based, and committed to the principles of health promotion and disease and injury

prevention. In December 2001, the council also decided to strike a committee, the "Romanow" Committee, to oversee the preparation of a formal submission to the commission emphasising a framework for increasing the role for public health, health promotion, and disease and injury prevention. Committee members consisted of Tom Bird, John Dow, Barbara Hart, Kothai Kumanan, Dr. Mahmood Naqvi, Catherine Randall, and Gordon Walsh. It was also decided at that time that the council would attempt to appear before the commission during its public hearing in Halifax on 17 April 2001.

The Romanow Committee held its inaugural meeting 31 January 2002 and met weekly leading up to the 15 March 2002 deadline for registering interest to appear before the commission. During this time, a submission was drafted, as was an abstract of the proposed presentation that would be delivered to the commission should the Provincial Health Council be invited to appear. On 14 March 2002, the council registered its abstract and interest in appearing before the commission during its open public hearings scheduled for Halifax, 17 April 2002.

As the fiscal year comes to an end, the council is awaiting a response from the commission regarding the upcoming public hearing. In the year ahead, the Romanow Committee will present the final report to the entire membership of the Provincial Health Council during its April meeting and submit the report to the Commission on the Future of Health Care in Canada for review and the public record.

Appendix A: Financial Statement

	Budget 2001–02	Year-End 31 Mar 2002	Difference (Deficit)
Salaries and Wages	**$211,200**	**$170,163**	**$41,037**
Staff	$173,700	$134,597	$39,103
Travel in Province	$5,500	$0	$5,500
Clerical Services	$1,000	$9,501	($8,501)
Consulting Services	$8,500	$10,872	($2,372)
Professional Services	$20,000	$14,898	$5,102
Staff Development	$2,500	$295	$2,505
Council Expenses	**$45,500**	**$31,802**	**$13,698**
Council Travel	$2,500	$0	$0
Meeting Expenses	$40,000	$32,553	$7,447
Council Development	$2,500	$343	$2,157
Parking Space Recovery	$500	$415 ($1,510)	$85
Office Expenses	**$94,600**	**$44,670**	**$13,262**
General	$4,600	$100	$4,500
Printing & Stationery	$30,000	$8,176	$21,824
Postage/Mailbox	$4,000	$1,954	$2,046
Freight/Duty/Express	$500	$795	$(295)
Advertising	$9,000	$1,220	$7,780
Taxi & Messengers	$500	$11	$489
Office Rental	$41,000	$26,376	$14,624
Equipment Purchases	$3,000	$3,916	($916)
Subscription/Books	$1,500	$2,019	($519)
Miscellaneous	$500	$104	$396
Communications	**$8,900**	**$5,625**	**$3,275**
Telephone	$4,000	$3,865	$135
Internet	$400	$109	$291
IT Hardware	$2,500	$294	$2,206
IT Software	$2,000	$1,357	$643
Grand Total	**$360,200**	**$252,260**	**$107,940**

Appendix B: Health Council Act

An act to Establish a Provincial Health Council

Short Title

1 This Act may be cited as the Health Council Act, 1990, c. 13, s. 1.

Interpretation

2 In this Act,

(a) "Council" means the Provincial Health Council;

(b) "Minister" means the Minister of Health and Fitness. 1990, c. 13, s. 2.

(c) Provincial Health Council

3 The Provincial Health Council is hereby established. 1990, c. 13, s. 3.

(d) Members of Council

4 (1) The Council consists of

(a) twelve members appointed by the Governor in Council through a public appointment process from a list of names of persons nominated by the general public as a result of a call by the Governor in Council for nominations from the general public;

(b) the Deputy Minister of Health and Fitness;

(c) the Administrator of Policy and Planning in the Department of Health and Fitness; and

(d) the Executive Director of the Council.

(e) Right to vote

(2) A person who is a member of the Council by reason of holding an office referred to in clause (b), (c) or (d) of subsection (1) may not vote in the deliberations of the Council.

(f) Term of member

(3) Each member appointed to the Council pursuant to clause (a) of subsection (1) shall be appointed for a term of three years except that of the first members appointed to the Council, four shall be appointed for a term of three years, four shall be appointed for a term of two years and four shall be appointed for a term of one year.

(g) Re-appointment

(4) A person appointed pursuant to subsection (3) may be re-appointed but no person may be appointed for more than two consecutive three-year terms.

(h) Quorum

(5) A majority of the voting members of the Council constitutes a quorum.

(i) Unexpired portion of term

(6) Where a person appointed pursuant to clause (a) of subsection (1) ceases to be a member of the Council for any reason other than the expiration of that person's term of office, the Governor in Council may appoint a person for the unexpired portion of the term.

(j) Vacancy

(7) A vacancy in the membership of the Council does not impair the ability of the remaining members to act.

(k) Expenses

(8) Each member of the Council shall be reimbursed for reasonable expenses necessarily incurred by the member in connection with the work of the Council. 1990, c. 13, s. 4.

(l) Duties of Council

5 The duties of the Council are to advise the Governor in Council, through the Minister, in the development of a comprehensive health policy, comprising health goals and objectives and in setting the overall direction of the health care system in the Province. 1990, c. 13, s. 5.

Manner of performing duties

6 In carrying out its duties, the Council shall

(a) invite community organizations, health care providers, consumers and individual members of the general public to provide advice on health issues under review by the Council through methods including public symposia, hearings and distribution of briefs and discussion papers;

(b) provide to the Governor in Council a balanced and informed view of the health care system;

(c) review particular issues referred to the Council by the Governor in Council, through the Minister, and advise the Governor in Council on those issues;

(d) increase public awareness and knowledge of health issues, including population health status, the cost of the health care system and personal responsibility to improve health;

(e) enhance the awareness of Government of emerging health issues from the public viewpoint. 1990, c. 13, s. 6.

Chair

7 The Governor in Council shall appoint for such term as the Governor in Council determines a member of the council appointed pursuant to clause (a) of subsection (1) of Section 4 to chair meetings of the Council, so long as that person is a member of the Council. 1990, c. 13, s. 7.

Committees of Council

8 (1) The Council may establish committees to examine specific health issues, including health goals, ethics and health technology.

Appointment to committees

(2) The Council may appoint persons who are not members of the Council to a committee and a member of the Council shall preside over meetings of the committee.

Expenses

(3) Members of a committee shall be reimbursed for reasonable expenses necessarily incurred by them in connection with the work of the Committee. 1990, C. 13, s. 8.

Executive Director

9 The Governor in Council may, after consultation with the Council, appoint an Executive Director for the Council upon such terms and conditions, including remuneration, as is determined by the Governor in Council. 1990, c. 13, s. 9.

Personnel

10 (1) Such persons as are required for the administration of this Act shall be appointed by the Council in accordance with the Civil Service Act.

Experts

(2) Notwithstanding subsection (1), the Council may, with the approval of the Minister, engage, upon such terms and conditions, including remuneration, as the Council deems fit, the services of such professional persons, technical persons and experts to advise the Council or a committee of the Council. 1990, c. 13, s. 10.

Employees of Department of Health and Fitness

11 In carrying out its duties the Council shall, in consultation with the Deputy Minister of Health and Fitness, engage the services of employees of the Department of Health and Fitness. 1990, c. 13, s. 11.

Funds

12 Funds required by the Council to carry out its duties shall be from money appropriated for that purpose by the Legislature. 1990, c. 13, s. 12.

Annual Report

13 (1) The Council shall report to the Governor in Council from time to time through and upon the request of the Minister and shall make an annual report on the activities of the Council.

Tabling of annual report

(2) The Minister shall table the annual report of the Council in the Assembly, if the Assembly is then sitting, and if the Assembly is not sitting, within fifteen days of its next sitting. 1990, c. 13, s. 13.

Repeal

14 Chapter 196 of the Revised Statutes, 1989, the Health Councils Act, is repealed. 1990, c. 13, s. 14.

Proclamation

15 This Act comes into force on and not before such day as the Governor in Council orders and declares by proclamation. 1990, c. 13, s. 15.

Appendix C: Meetings

Council Meetings

5 April 2001
7 June 2001
5 July 2001
6 September 2001
11 October 2001
1 November 2001
6 December 2001
10 January 2002
7 February 2002
7 March 2002

Strategic Planning

10 May 2001
5 June 2001
29 June 2001
11 July 2001
16 July 2001
8 August 2001
27 August 2001

Evaluation Committee

12 April 2001
Dissolved 6 September 2001

Health Services Committee

26 April 2001
15 June 2001
Dissolved 6 September 2001

Communications Committee

4 December 2001
17 December 2001
3 January 2002
6 February 2002
13 February 2002

Education Committee

11 June 2001
Dissolved 6 September 2001

Mental Health Committee

9 May 2001
6 June 2001
Dissolved 6 September 2001

Information Management Committee

23 April 2001
Dissolved 6 September 2001

Physical Environment Committee

3 January 2002
24 January 2002
28 February 2002
14 March 2002

Romanow Committee

9 January 2002
31 January 2002

Appendix D: Information and Communication

Publications

Essential Health Services: A Preliminary Report (Report to the Minister of Health Containing a List of Core Clinical Services Nova Scotians Consider Essential to Their Health), 17 March, 2000

Report Regarding Children and Adolescent Mental Health Services, March 1999

Submission to the Mental Health Review Committee, 23 February 2000

Proposed Framework for a Mental Health Commission, 6 April 2000

Health for Nova Scotians: The results of a public consultation process, June 2000

Expectations for Health and Health Care in Nova Scotia: A document submitted to the Government of Nova Scotia in response to the Government's mandate to develop a Patient's Bill of Rights. 18 May 2000

Advice to Government related to Health Call Centres, June 1999

Pamphlets

The Provincial Health Council. Who we are ... Why we're here ... and How to contact us

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